

D0001 - CC161476 - 3250226

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: Department of Corrections and Community Supervision	
State Agency Department ID:	Agency Business Unit: Contract Procurement Unit
Contractor Name: Access Therapies Inc.	Contract Number: IFB# 2018 -17
Contract Start Date: 03 /01/2019	Contract End Date: 10 / 24 / 2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurse - Region 1	8.93	18574.40	\$ 1,118,178.88
Registered Nurse - Overtime - Region 1	8.93	2,444.00	\$ 83,863.42
Registered Nurse - Region 4	17.1	35,568.00	\$ 2,141,193.60
Registered Nurse - Overtime - Region 4	17.1	1,778.40	\$ 160,589.52
Total this Page			\$ 3,503,825.42
Grand Total			

Name of person who prepared this report: **Harvinder Dhani**
 Title: **COO**
 Preparer's Signature: _____
 Date Prepared: **01 /25/ 2019**

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(Use additional pages, if necessary)